

**GYMKIDS ACADEMY, INC.
WAIVER / RELEASE FORM**

Agreement

In consideration of my child's participation in GymKids Academy, Inc. (further referred to as GymKids) events and activities. I hereby agree to be bound by each of the following terms and conditions:

- 1) **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in gymnastics and any activities and events associated with the program.
- 2) That I/my child is participating in the Health and activities offered by GymKids during which I/my child will receive information and instruction about gymnastics and fitness. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury to myself/my child and I am fully aware of the risks and hazards involved.
- 3) I understand that it is my/my child's responsibility to consult with a physician prior to and regarding my participation in the GymKids activities. I represent and warrant that I/my child is physically fit and I/my child has no medical or other condition which would prevent my/my child's full participation in GymKids activities. I have fully disclosed to GymKids any and all special needs of my child and recognize my child's special needs may limit or eliminate there ability to participate and may require special assistance as determined by GymKids, which will be my obligation.
- 4) In consideration of being permitted to participate in the GymKid activities, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I/my child might incur as a result of participating in the program.
- 5) **Medical Attention:** I hereby give my consent to GymKids and/or host Organization to provide, through a medical staff of choice, customary medical/athletic training attention, transportation and emergency medical services as warranted, and I will be responsible for any such cost and expenses.
- 6) **Photographs:** I give permission for my child to be photographed during gymnastic activities associated with GymKids, Inc. I understand these photos may be used by GymKids for marketing its programs.

I further agree that GymKids and the sponsor of any GymKids event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my/our child's participation in any GymKids event or activity.

INFORMATION: Primary Medical Insurance: I am covered by a primary health/medical accident insurance through:

For any participant who is not yet 18 years old: As the legal parents, guardian or custodial parents of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by GymKids.

This Waiver/Release form shall remain in effect for so long as I/my child participates in any GymKids activity until such time of written notice rescinding this waiver/release is received by GymKids. I have carefully read and understand the above prior to signing below.

Name of Child: _____

No child will be allowed to participate in any programs unless this form is completely filled out, signed and filed with GymKids prior to commencing participation.

Printed name of Both Parents/Legal Guardian(s), Custodial Parents(s)

Signatures of Both Parents/Legal Guardian(s), Custodial Parents(s) (BOTH PARENTS MUST SIGN)

Dated: _____